



**CITY OF KIRKLAND**  
**123 5<sup>TH</sup> AVE KIRKLAND, WA 98033**  
**PHONE: 425-587-3150 · FAX 425-587-3110**

**LEAK  
ADJUSTMENT  
APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you first noticed your leak: \_\_\_\_\_ Date the leak was repaired: \_\_\_\_\_

Where was the leak located? (please indicate below)

Inside the house      Between the house and the water meter

Have you ever received a previous leak adjustment? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" date of adjustment \_\_\_\_\_

Multi family/commercial accounts- Where did the water leak to? \_\_\_\_\_

**Please attach copies of all receipts and repair bills pertaining to this leak.**

Are you a tenant at this property? Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Please describe how your leak was identified or provide any additional facts you think might be helpful below:  
(or attach an extra page)

**By signing this request, I certify that I understand the terms and conditions of the leak adjustment policy.**

Customer signature \_\_\_\_\_ Printed name \_\_\_\_\_

**Questions? Call Utility Billing (425) 587-3150  
or email us at [utilitybilling@ci.kirkland.wa.us](mailto:utilitybilling@ci.kirkland.wa.us)**